

# Fifth Revised Action Step Compliance Plan

July 2008

## PLACEMENT STABILITY

### Action Step 1 (Revised Implementation Plan, p. 12)

*Develop a plan by June 30, 2005 for review and approval by the Braam Panel to reduce caseloads to COA standards. (CA submission version number five)*

Action Step 1 (c) 9 in the Settlement Agreement.

**NOTE:** While this compliance plan is submitted for the Action Step, the plan required in the Action Step is intrinsically related to the outcome measure and set benchmarks; the language of the outcome is also included here:

**The following outcome language was first presented to Children's Administration on July 3, 2008:**

**Outcome 3:** Social workers will have caseloads at or below Council on Accreditation (COA) standards (8 child cases per caseworker for children with special needs, 18 child cases per caseworker for all other children) (*outcome measure based on the percentage of caseworkers with caseloads at or below COA standards; for measurement purposes, each child with special needs will be counted as 2.25 children*).

### Benchmarks required for compliance- Outcome 3

	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	80%	85%	90%
Data provided by CA:	7/1/08	1/1/09	1/1/10	1/1/11
Monitoring Report date:	7/15/08	3/15/09	3/15/10	3/15/11

\* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

## **Background:**

The Children's Administration approach to achieving the caseload ratio has included:

- Hiring additional staff;
- Filling staff vacancies more quickly
- Increasing family engagement to allow cases to close more quickly
- Improving family outcomes by providing evidence based treatment programs

Children's Administration has been working on each of the items listed above over the last several years. The efforts to hire additional staff, to fill vacancies, and to quantify the number of staff necessary to complete the required workload are described below. To increase family engagement, Children's Administration has implemented components of the Family to Family initiative. Currently, Family Team Decision Making (FTDM) meetings are available in 41 offices. To improve family outcomes, Children's Administration is providing:

- Parent Child Interaction Therapy (PCIT)
- Incredible Years Program
- Multidimensional Treatment Foster Care
- Functional Family Therapy

By increasing family engagement and providing effective services, Children's Administration is impacting the number of children entering care and the length of time children remain in care. This compliance plan builds upon the progress made by the Children's Administration.

### New Social Work Staff Since 2005

The Children's Administration (CA) has consistently sought additional resources to reduce caseloads and implement monthly visits between social workers and children. With the support of the Governor and Legislature, CA received funding for an additional 399 social workers and 66 support staff, for a total of 465 new staff, above the 2003-05 budget appropriation. Highlights of this funding include:

- Funding in the 2005-07 budget for 110 new staff to implement child protective services and child welfare services reform;
- Funding in the 2005-07 budget for 71 new staff to implement provisions of Child Neglect legislation;

- Funding in the 2006 Supplemental and the 2007-09 budget to phase-in an additional 284 new staff, by the end of December 2008, for monthly visits of children; and,
- Funding in the 2008 Supplemental to accelerate the hiring of monthly visit staff so that all staff are hired by May 2008 rather than December 2008.

Other initiatives that have been recently funded to help reduce workload and strengthen the continued commitment for the safety and well-being of children include:

- Funding of FamLink which will reduce paperwork and redundant data entry so social workers can spend more time working with children and families;
- Funding to establish the Center for Foster Care Health Services. The Center will provide care coordination services and gather, organize, and maintain individual health histories for nearly 2,000 children in foster care;
- Funding to contract for twenty-two chemical dependency specialists who will provide services in each field office; and,
- Funding of additional resources for relative placements and support services for birth and foster parents.

### Workload Study

As part of the agency's efforts to build a solid operational foundation, CA began a comprehensive workload study of its child welfare workers in 2006, with data collection occurring in 2007. Because of the dramatic increase in the number of new policy and legal mandates required of child welfare staff, CA leadership needed a better sense of all of the work that needed to be done and the time and staff needed to do that work. The workload study gave CA this information. As expected, the workload study found a considerable gap between current resources and the resources needed to meet all requirements at a high level of performance.

The Workload Study final report was released on November 30, 2007. At the same time, CA began implementing a Workload Action Plan that included strategies to streamline workflow and identify work efficiencies. Four workgroups were convened under the Action Plan with a goal to make recommendations to create efficiencies to reduce workload. These groups began their work in December 2007 and January 2008. The four workgroups are:

- Regional Workgroup which was charged with developing strategies to streamline work flow and manage overall work across the regions.

- Vacancy Workgroup which was charged with the task of developing methods and plans to reduce the time that supervisors and social workers cover the workload of vacant positions.
- Policy Workgroup which was charged with identifying mandatory requirements from federal and state law and policy, developing a list of policy and procedures to be considered for change, and developing processes for streamlining policy development and implementation.
- Union Management Communication Committee (UMCC) Workgroup which is made up of Children's Administration staff and Washington Federation of State Employees (WFSE) representatives. Together they are reviewing data and discussing ideas to streamline work flow and develop strategies to manage overall work in a concerted effort to reduce social worker workload. The first meeting was held December 17, 2007.

As noted above, the collaborative work of the UMCC workgroup was underway before the 2008 Legislative session began. A 2008 Legislative budget proviso gave the UMCC workgroup a sharper focus and legislative report deadline.<sup>1</sup>

CA and WFSE have held six full-day meetings to discuss workload issues. Six additional full-day meetings are scheduled before November 1, 2008. This work includes analyzing data, examining policy and processes, and making recommendations to reduce workload. The results of the workload study report are being used at the UMCC meetings to identify possible workload efficiencies and changes. To date the CA and WFSE have:

- Reviewed work of the Regional and Policy Workgroups and discussed implications for the UMCC work,
- Reviewed current tasks performed by social workers,
- Identified tasks that could be done by non-case carrying staff or through contracts, and
- Reviewed the task list from the workload study to validate that identified tasks would save time if moved from social worker workload.

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<sup>1</sup> ESHB 2687, Chapter 329, Laws of 2008, Section 202(23), requires the Department of Social and Health Services, Children's Administration (CA) and the Washington Federation of State Employees (WFSE) to work together, specifically "The department shall work with the exclusive bargaining representative for the children's administration social workers to prioritize social worker tasks and devise methods by which to alleviate from the social workers' workload lower priority tasks. Discussions and methods shall include the use of contracting services and home support specialists. The department and the bargaining representative shall jointly report their efforts to the appropriate committees of the legislature by submitting a progress report no later than July 1, 2008, and a final report by November 15, 2008."

Final recommendations of the UMCC will be included in a report to the Legislature on November 15, 2008.

## **CASELOAD REDUCTION COMPLIANCE PLAN**

The Children's Administration has historically measured social worker's caseloads based on the average number of cases carried by social workers in the system. This average caseload ratio continues to decrease, although caseload reductions made possible by additional case carrying staff have been partially offset by an increase in the active caseload. For example, in July 2005 the average caseload was 24.2 cases and by July 2008, it was at 20.1 cases. CA recognizes it must work to reduce caseloads within this context.

### **Identified Measure:**

Children's Administration has measured caseload ratios by average worker case counts. The development of FamLink, Washington's new SACWIS system, provides an opportunity to further scrutinize caseload methodology. FamLink will allow CA to develop an approach that will measure caseloads consistent with the Panel's requirement to identify the percentage of social workers who have caseloads at or below 18 cases.

In developing a method to measure social worker caseloads in compliance with the Panel benchmark, it became clear that many caseloads involve different types of cases with varying workload expectations. (For example a worker may carry cases involving a dependent child and cases that are tribal payment only where the Tribe retains jurisdiction). As a result, Children's Administration has determined that a method which includes case weighting is a more accurate representation of caseloads.

Some regions currently use an informal case weighting system to help with resource allocation between offices. Based on information from previous efforts, current CA structure, current workload requirements, and regional experience with case weighting, a workgroup developed a weighted caseload that represents the current workload requirements for different case types. See Attachment A, *Case Weight and Case Count Methodology Recommendations*.

This caseload weighting is the basis for baseline calculations of the percentage of workers with caseloads meeting the 1:18 Braam standard. The calculation formula is

as follows:

- a. Identify all children in the Braam class on open CA cases;
- b. Identify all assigned social workers for the children identified in (a);
- c. Calculate caseloads for all social workers identified in (b) for all cases assigned to them, according to the CA case weighting method for all Braam and Non-Braam cases; and
- d. Identify the percent of social workers, by office, with caseloads at or below 18.

An automated caseload report using the above-referenced methodology cannot be developed in the CAMIS system. This data will be produced by the Decision Support Unit through a labor intensive process that includes hand collating data from CAMIS. Further analysis is required to determine how this data will be provided from FamLink. Case weighting is a requirement for FamLink Release 2, therefore interim measures will need to be developed.<sup>2</sup>

### **Special Needs:**

The requirement to include special needs children at a different weight in caseload calculations does not appear in the settlement agreement, in the original Implementation Plan, or in any comments on previously submitted plans by either the Panel or Plaintiffs. This requirement was first raised in the Plaintiffs' briefing for the enforcement action. CA has been working on a measurement method for the 1:18 caseload measure, however, this work has not included a definition of a special needs child.

A CA workgroup is developing a definition of "special needs" children and to determine how such a definition can be operationalized using CAMIS data now and FamLink data in the future,. CA will provide a proposed definition and an explanation of how it will be operationalized by August 18, 2008.

### **Compliance Plan Strategies:**

CA identified five strategies to reduce caseloads, which will be implemented in each region by June 2009.

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<sup>2</sup> The RFP for the new SACWIS system did not include an outcome for caseload reductions because there was no outcome in the original Implementation Plan. The outcome was finalized in the newly Revised Implementation Plan issued July 3, 2008. Famlink Release 2 will take place in the fall of 2009.



Four of the five strategies involve cases that CA can close quickly with flexibility granted by state fiscal managers. The flexibility will allow CA to achieve permanency for children through the completion of:

1. Parenting plans;
2. Third party custody cases needing facilitated custody arrangements;
3. Adoptive home studies; and
4. Termination of parental rights when reunification efforts have been unsuccessful.

Each region developed a plan to expedite processes to achieve permanency plans for children in care. These plans include both short-term and long-term strategies to reduce the:

- Number of cases currently pending a permanent outcome, and
- Time it takes to accomplish a permanent plan for a child.

The regional plans detail, by month, the number of children identified to move to a permanent outcome. See Attachment B, *Caseload Monthly Tracking Report*.

#### **Baseline:**

As noted above CA currently counts caseload based on the average number of cases carried by social workers. The average caseload ratio has decreased as social work staff have been added. To illustrate this, when comparing July 2005 to June 2008, the average caseload fell from 24.2 cases to 20.1 cases.

The table below identifies, by Region, the number and percentage of workers with 18 or fewer cases, and a regional average for the number of cases.

Current Baseline: Number of Social Workers with a caseload of 18 or fewer								
Region	SW with 18 or fewer cases	Number of Cases	% SW with 18 or fewer cases	SW with 19 cases or greater	Number of Cases	Total Social Workers Assigned	Total Cases	Average number of cases per worker
Region 1	108.0	1,354.0	61.01%	69.0	1,963.0	177.0	3,317.0	18.7
Region 2	75.0	1,028.0	61.99%	46.0	1,382.0	121.0	2,410.0	19.9
Region 3	93.0	1,185.0	51.38%	88.0	2,405.0	181.0	3,590.0	19.8
Region 4	94.0	1,132.0	51.09%	90.0	2,595.0	184.0	3,727.0	20.3
Region 5	69.0	917.0	45.09%	84.0	2,351.0	153.0	3,268.0	21.4
Region 6	106.0	1,374.0	56.38%	82.0	2,631.0	188.0	4,005.0	21.3
Total	545.0	6,990.0		459.0	13,327.0	1,004.0	20,317.0	20.2

#### **SPECIFIC STRATEGIES TO REDUCE CASELOADS:**

Strategies to reduce caseloads are identified below with tables showing the adjusted average number of cases per social worker by region. The tables display the cumulative impact of each strategy.

The Children's Administration has sought and received approval to use discretion from now through June 2009 to spend flexibly between budget categories to implement the following strategies.

Strategy 1 (to be achieved by July 2009)

Increase the number of completed adoption home studies and completed disclosures to adoptive families.

*Rationale: By completing adoption home studies and ensuring adoptive families have all available information regarding the child, permanent plans can be finalized. Reductions will begin to be accomplished beginning in late summer 2008.*

<b>Strategy #1: Hire temporary staff or contract to complete home studies and to help process adoption disclosures</b>		
Estimated Outcome		
Region	Caseload Reduction	Adjusted Avg number of cases per SW
Region 1	104	18.2
Region 2	50	19.5
Region 3	70	19.4
Region 4	39	20.0
Region 5	18	21.2
Region 6	118	20.7
<b>Total</b>	<b>399</b>	<b>19.8</b>

Strategy 2 (to be achieved by July 2009)

Increase the pace at which cases are dismissed and closed as a result of completing parenting plans.

*Rationale: By completing parenting plans to transfer custody between parents, cases can be dismissed and closed, thereby reducing the overall caseload.*



<b>Strategy #2: Increase the number of completed Parenting Plans</b>		
Estimated Outcome		
Region	Caseload Reduction	Adjusted Avg number of cases per SW
Region 1	60	17.8
Region 2	0	19.5
Region 3	90	19.0
Region 4	52	19.8
Region 5	28	21.1
Region 6	21	20.6
Total	251	19.6

Strategy 3 (to be achieved by July 2009)

Increase the pace at which cases are dismissed and closed as a result of establishing non-parental custody arrangements under RCW 26.10.

*Rationale: By establishing non-parental custody arrangements, cases can be dismissed and closed, reducing the overall caseload.*

<b>Strategy #3: Increase the number of dismissed child dependency cases through facilitation of 26.10 custody arrangements</b>		
Estimated Outcome		
Region	Caseload Reduction	Adjusted Avg number of cases per SW
Region 1	48	17.5
Region 2	0	19.5
Region 3	57	18.6
Region 4	89	19.3
Region 5	40	20.8
Region 6	27	20.4
Total	261	19.3

#### Strategy 4 (to be achieved with new resources )

Increase processing of termination of parental rights petitions, when reunification efforts have been unsuccessful, so that permanent plans of adoption can be finalized.

*Rationale: When reunification efforts have been unsuccessful, it is important to pursue timely permanency. Ensuring termination petitions are filed in a timely manner is a crucial step in achieving permanency and will lead to caseload reduction. This strategy will require coordination and additional resources across several partner agencies including the courts, the Office of the Attorney General, the Office of Public Defense and CA.*

Strategy #4: Increase timeliness of permanent plans when reunification is not possible		
Estimated Outcome		
Region	Caseload Reduction	Adjusted Avg number of cases per SW
Region 1	114	16.9
Region 2	0	19.5
Region 3	151	17.8
Region 4	98	18.7
Region 5	0	20.8
Region 6	39	20.2
Total	402	18.9

#### Strategy 5 (to be achieved with new resources)

Increase the availability of Family Team Decision Making (FTDM) meetings

*Rationale: The use of FTDM meetings has been shown by preliminary CA analysis to reduce initial placements into foster care, decrease length of stay in foster care, increase stability in foster care, and promote timely completion of permanent plans for children. These data replicate results in Indiana where FTDM meetings have resulted in reduced out-of-home placements and reduced lengths-of-stay<sup>3</sup>. CA continues to monitor these outcomes for families who receive FTDM meetings.*

<sup>3</sup> ADVOCATES FOR CHILDREN & YOUTH, ISSUE BRIEF, Volume 5, Number 12, February 2008. Empowering Families to Reduce Child Welfare Disparities, The Power of Family Team Decision Making

Currently 50 percent of cases are covered by FTDMs. The remaining 50 percent will be covered as additional resources are authorized.

CA will regularly monitor the impact of the above strategies and will make decisions about adjusting strategies based on the actual number of cases reduced, as well as the overall impact of the strategies.

### **GENERAL STRATEGIES:**

Children's Administration anticipates the targeted strategies outlined above will allow CA to get to an adjusted average caseload of 18.9 cases, assuming entry and exit rates remain stable. Longer term strategies to reduce entries, such as FTDM, may further reduce this number. Recognizing the need to deal with the remaining gap, CA has identified additional strategies that will be ongoing to address and manage caseloads.

#### **General Strategy 1**

##### **Monitor Caseloads and Effectiveness of the Strategies**

The Regions will review caseloads monthly at the office level to determine if the anticipated reductions are being achieved. Regular monitoring of the caseloads will be used to evaluate the effectiveness of the identified strategies and to determine where additional or alternative strategies need to be employed.

A statewide review of caseloads will be completed quarterly to verify that regional allotments match regional case needs, and adjustments will be made as necessary.

Updated strategies will be provided to the Panel annually beginning with the August 2009 Progress Report.

#### **General Strategy 2**

##### **Resource Identification**

Children's Administration anticipates that in addition to the strategies outlined above, there will be a need for additional resources. As the effectiveness of the

strategies is evaluated, CA will determine what additional staff is needed and the number and types of positions will be identified through the budget building process. CA will use the data from monitoring the strategies and other tools and information to quantify the resource needs and develop decision packages according to Office of Financial Management directives regarding submission of budget requests for the 2009 – 2011 biennial budget.

The Caseload Forecast Council is charged with forecasting caseloads for the State of Washington. The Council meets several times a year to adopt official forecasts that are the basis of the Governor's budget and used by the Legislature in the development of the omnibus biennial appropriations act.

CA will continue to work with the Caseload Forecast Council to develop entry and exit models for the February 2009 forecast update. These models will examine variables that drive entry and exit rates for the foster care and adoption support caseloads. Entry and exit rate data will be used to understand workload drivers, the impact on staffing levels, and will be the basis for future workload decision package requests.

#### **Monthly Data:**

CA will provide monthly caseload counts at the office level beginning with September 1, 2008 counts. Caseload counts will be based on point-in-time counts on the first day of each month. The September report will be provided to the Panel on October 15, 2008. The caseloads will be calculated by the Decision Support Unit using a time-intensive method with CAMIS data as outlined above until a method of obtaining this data from FamLink has been developed.

Further analysis is required to determine how caseload data will be provided from FamLink. This is a requirement for FamLink Release 2; therefore interim measures will need to be developed.

Until now, CA has used FTE counts to report caseload totals to the Legislature for all workers and programs. CA has developed an initial method that will allow us to manage and identify the Braam caseloads. CA needs time to determine the impact of the case weighting model and whether the strategies identified are achieving caseload reductions. Management will regularly review caseloads under this measure to see which strategies have had an impact. At end of the fiscal year, CA will submit a revised compliance plan outlining lessons learned and any modifications or new strategies we intend to employ. This will include new projections for the coming year.

### **Previous Findings:**

The Department submitted the first proposed plan to the Panel on November 7, 2005. This plan was not approved and CA received technical assistance in December 2005. A second proposed plan was submitted in January 2006.

In the first monitoring Report, issued March 28, 2006, the Panel did not approve the compliance plan. The June 22, 2006, Decision Report notes that the panel was waiting for another plan.

CA submitted a third proposed plan in July of 2006. In the September 5, 2006, Decision Report the Panel did not approve this compliance plan. The Panel included the following comments:

“The following changes are necessary in order for the Compliance Plan to be considered acceptable:

- Contract language should be provided clearly showing that the deliverables expected of the workload study contractor address all required casework activities, including new activities and requirements from Braam.
- The timetable for reducing caseloads to COA standards should be based on the schedule for office visits for COA accreditation.

The Panel intends to develop a new outcome to monitor caseload size on an office, regional, and statewide basis.”

At the June 2007 Panel meeting the Panel noted that the Settlement Agreement only provides for two rounds of compliance plan submissions, but the Panel wanted to bring four Action Steps, that had been through two rounds, back before the Panel. The Panel requested CA to submit new proposed compliance plans for four Action Steps.

CA submitted a fourth proposed compliance plan for this Action Step in August of 2007. In its 4<sup>th</sup> Monitoring Report, the Panel did not approve the compliance plan, with the following comments:

"Caseload size projections provided by CA are unclear with respect to which populations of children and caseworkers have been included. Materials do not provide evidence that 18:1 caseloads will be achieved."

On June 30, 2008, an enforcement action resulted in an order for new compliance plans to be submitted within 30 days. This compliance plan is submitted pursuant to that order.